



SUMMER CAMP REGISTRATION FORM

A registration packet must be completed for each camper prior to camp. Please return your registration packet via email (moiram@theminutimemachine.org), mail, or in-person delivery: The Mini Time Machine Museum, 4455 E. Camp Lowell Drive, Tucson, AZ 85712, Attn: Summer Camp

Tuition: \$125 per child, per session (\$112.50 for members)

CAMP SESSIONS FOR AGES 5-7

Session 1: *Frog Prince and Princess Pond*

June 3-7, 2018 9am-12pm Name of participant _____

Session 3: *Attack of the Space Cows*

June 10-14, 2018 9am-12pm Name of participant _____

Session 6: *Glow Desert*

June 17-21, 2018 1pm-4pm Name of participant _____

Session 8: *Mt. Olympus Rainbow Castle*

June 24-28, 2018 1pm-4pm Name of participant _____

CAMP SESSIONS FOR AGES 8-12

Session 2: *Steampunk Pirates*

June 3-7, 2018 1pm-4pm Name of participant _____

Session 4: *Alien Spaceship*

June 10-14, 2018 1pm-4pm Name of participant _____

Session 5: *Succulent Fairy Garden*

June 17-21, 2018 9am-12pm Name of participant _____

Session 7: *Trojan Horse*

June 24-28, 2018 9am-12pm Name of participant _____

Payment Options

- Online (already paid)
- In-person at the museum (already paid)
- Phone registrations, please call 520-881-0606
- We wish to register via mail. Please complete box below:

- I will be sending a check to The Mini Time Machine Museum, 4455 E. Camp Lowell Drive, Tucson, AZ 85712. *Make check payable to The Mini Time Machine Museum*
 - I will be paying by credit card (circle one): *Visa Mastercard American Express Discover*
Name on Card: _____
Billing Address: _____
Signature: _____ Date: _____
Card Number: _____ Exp. Date: _____ CVV code: _____
 - We are members and qualify for the discounted rate. Membership ID # _____
 - We would like to add a Family membership for \$70 and receive the discounted rate for camp.
 - Tuition Fee(s): \$ _____
 - Membership: \$ _____
 - Total Due:** \$ _____



PARTICIPANT INFORMATION

This Information Sheet must be filled out completely before the participant will be allowed to attend any program. This form is used for all programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

Participant's Name: _____ Age: ____ Sex: male female

Guardian's Name: _____ Guardian's Daytime Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to participant: _____

Address: _____
Mailing City State ZIP

Primary Phone: _____ Work Phone: _____

E-MAIL: _____

Parent/Guardian Name (2): _____ Relationship to Participant: _____

Address: _____
Mailing City State ZIP

Primary Phone: _____ Work Phone: _____

E-MAIL: _____

EMERGENCY INFORMATION

Emergency Contact (other than parent/guardian): _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Coverage: _____ Group ID#: _____

Preferred Hospital: _____

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PARTICIPANT INFORMATION

Are any individuals other than listed guardians permitted to pick the child up at the end of the program? YES NO

Individuals will be required to show a picture ID when picking the participant up.

If yes, please list: _____

Identify any behavior concerns, if any, and how to deal with them:

This individual is free of infectious disease, is up to date on all immunizations, and is able to participate in recreation activities (with the limitations/restrictions listed). YES NO

Limitations or restrictions of activity or diet:

MEDICATION

Is the participant taking medication? YES NO If yes, name of medication(s):

Will medication be taken during program hours? YES NO **If yes, please fill out separate Medication Form.**

Additional medical conditions we should be aware of (allergies, asthma, seizures, etc.):

MEDIA RELEASE: I hereby grant The Mini Time Machine Museum of Miniatures permission to record the participant's likeness and/or voice for use in television, films, radio, or printed materials to further the aims of The Mini Time Machine Museum of Miniatures in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.

I DO I DO NOT

EMERGENCY CLAUSE: In the event I cannot be reached in an emergency, I hereby give my permission to the employees of The Mini Time Machine Museum of Miniatures to secure proper medical attention for my child as deemed necessary. This permission extends from minor first aid treatment to (under doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

I DO I DO NOT

RELEASE CLAUSE: Checking, "agree" releases and holds harmless The Mini Time Machine Museum of Miniatures and any officers, employees or agents thereof from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant therein.

I, (name of responsible party) _____ (agree) to the terms stated above on (Date) _____.

Signature of Responsible Party X _____

A completed registration includes:

- A completed **Participant Information Sheet** with all required signatures
- Payment in full for 1st session and a minimum \$50 deposit for additional sessions

Refunds: The Museum will provide a refund of paid tuition minus a \$25.00 administration fee if cancellation is received 15 business days or more prior to camp start date. The Mini Time Machine Museum cannot offer refunds for sessions missed as a result of student illness, emergencies or other events beyond our control.



MEDICATION POLICY/MEDICATION PERMIT

The following information relates to your responsibilities if your child requires medication(s):

- For each medication required, a Medication Permit must be filled out and signed. Staff will not administer any medication that does not have a signed permit, including non-prescription medications. NO invasive medical procedures will be administered (we can make an exception for EpiPens).
- All prescription medications must come in a pharmacy bottle with a legible pharmacy label on it. The label must contain the participant's name, the pharmacy's phone number, the name of the medication, dose and frequency required, and the doctor's name.
- All non-prescription medications must be submitted in the original sealed container with the participant's name, dose, and frequency clearly labeled on the container.

MEDICATION PERMIT

Participant's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Phone #: _____

Name of Medication: _____

Dosage: _____

Instructions for giving medication:

Possible side effects:

Date: From _____ to _____

I, _____, hereby authorize **The Mini Time Machine Museum of Miniatures' Summer Camp Staff (or full-time staff)** to give the above named medication to: _____ as ordered by (Doctor) _____ for _____ (condition).

Signature of Responsible Party X _____